

O I P E
M A T E R I A L
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T R A N S M I T T A L
F O R MTRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

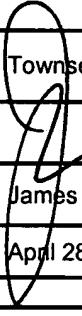
Application Number	10/613,443
Filing Date	July 3, 2003
First Named Inventor	GOLDFARB, ERIC A.
Art Unit	3731
Examiner Name	POUS, NATALIE R
Total Number of Pages in This Submission	10
Attorney Docket Number	020489-000120US

(12)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Corrected Filing Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	ADS previously submitted
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Return Postcard
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

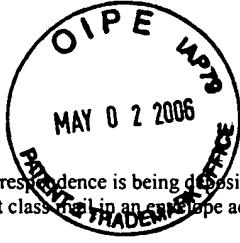
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	April 28, 2006	Reg. No.	29,541

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	JoAnn Evangelista	Date	April 28, 2006



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT

Attorney Docket No.: 020489-000120US

Mail Stop Missing Parts
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P.O. Box 1450
Alexandria, VA 22313-1450

On April 28, 2006

TOWNSEND and TOWNSEND and CREW LLP

By: JoAnn Evangelista
JoAnn Evangelista

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

GOLDFARB, Eric et al.

Application No.: 10/613,443

Filed: July 3, 2003

For: **METHODS AND APPARATUS
FOR CARDIAC VALVE REPAIR**

Customer No.: 20350

Confirmation No. 6557

Examiner: POUS, NATALIE R

Technology Center/Art Unit: 3731

**REQUEST FOR CORRECTED FILING
RECEIPT**

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

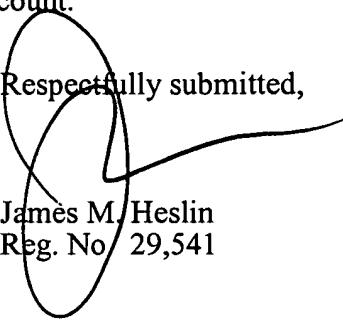
Sir:

Issuance of a corrected filing receipt is respectfully requested. An original filing receipt was never received by Applicants. However, the order of inventors is not correctly listed on PAIR. It appears that the order of inventors of the parent case (U.S. Application No. 09/544,930) was incorrectly used in the present application. Applicants attach herewith a copy of the Application Data Sheet originally submitted with the present application and request that

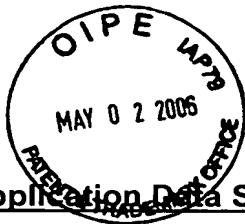
Request for corrected filing receipt dated April 28, 2006

the order of inventors be corrected to match the Application Data Sheet. This correction does not represent any change in inventorship. Please generate a corrected filing receipt to reflect this correction.

Applicants believe that no fee is required for submission of this request. However, if a fee is required, the Commissioner is authorized to deduce such fee from the undersigned's Deposit Account No. 20-1430. Please deduce any additional fees from, or credit any overpayment to, the previously noted deposit account.

Respectfully submitted,

James M. Heslin
Reg. No. 29,541

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
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Tel: 650-326-2400
Fax: 415-576-0300
Attachments: *Application Data Sheet*
D3P:jke
60752928 v1



Application Data Sheet

Application Information

Application number::

Filing Date:: 07/03/03

Application Type:: Continuation

Subject Matter:: Utility

Title:: METHODS AND APPARATUS FOR CARDIAC VALVE REPAIR

Attorney Docket Number:: 020489-000120US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 16

Total Drawing Sheets:: 84

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

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Country of Residence:: US

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State or Province of mailing address:: CA
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Applicant Authority Type:: Inventor

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Middle Name:: S.

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Country of mailing address:: US
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State or Province of Residence:: CA
Country of Residence:: US
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City of Mailing Address:: Boulder Creek
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95006

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Middle Name:: T.
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State or Province of Residence:: CA

Country of Residence:: US
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City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94114

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
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Middle Name:: G.
Family Name:: ST. GOAR
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State or Province of Residence:: CA
Country of Residence:: US
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City of Mailing Address:: Menlo Park
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94025

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 09/544,930	Continuation of An Appn claiming benefit under 35 USC 119(e) of	09/544,930 60/128,690	04/07/00 04/09/99

Assignee Information

Assignee Name:: EVALVE, INC.
Street of mailing address:: 2761 Fair Oaks Avenue
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State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94063